

CHILD AND ADULT CARE FOOD PROGRAM
INCOME ELIGIBILITY GUIDELINES FOR FREE AND REDUCED-PRICE MEALS
EFFECTIVE JULY 1, 2008, THROUGH JUNE 30, 2009
 (Use for eligibility determinations and for public release)

Parent, Guardian, Family Member: If your total household income is within the limits listed below, the person you are applying for may be eligible for Free or Reduced-Price meals.

ANNUAL INCOME

Household Size	Free Rate Reimbursement	Reduced Rate Reimbursement	Paid Rate Reimbursement
1	\$13,520.00 and under	\$13,520.01 - \$19,240.00	\$19,240.01 and above
2	\$18,200.00 and under	\$18,200.01 - \$25,900.00	\$25,900.01 and above
3	\$22,880.00 and under	\$22,880.01 - \$32,560.00	\$32,560.01 and above
4	\$27,560.00 and under	\$27,560.01 - \$39,220.00	\$39,220.01 and above
5	\$32,240.00 and under	\$32,240.01 - \$45,880.00	\$45,880.01 and above
6	\$36,920.00 and under	\$36,920.01 - \$52,540.00	\$52,540.01 and above
7	\$41,600.00 and under	\$41,600.01 - \$59,200.00	\$59,200.01 and above
8	\$46,280.00 and under	\$46,280.01 - \$65,860.00	\$65,860.01 and above
For Each Additional Person, Add	+\$4,680.00	+\$6,660.00	+\$6,660.00